

11/29/00
JC923 U.S. PTO

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PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No.
	First Inventor or Application Identifier IAABE
	Title Anti-S-phase tubulin ligands
	Express Mail Label No.

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages 19] <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 11] 4. Oath or Declaration [Total Pages 30] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). * NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations] 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 13. <input checked="" type="checkbox"/> * Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other:
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16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

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(Insert Customer No. or Attach bar code label here)

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City	Denver	State	CO	Zip Code	80223
Country	USA	Telephone	303-322-2254	Fax	303-322-2257

Name (Print/Type)	Ashley S. Davis Ph.D.	Registration No. (Attorney/Agent)	
Signature	<i>A. Davis</i>	Date	11-28-00

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11/29/00

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</p>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) 384-00		Application Number	
		Filing Date 11-28-00	
		First Named Inventor Ashley Davis	
		Examiner Name	
		Group / Art Unit	
		Attorney Docket No.	

<h3 style="text-align: center; margin: 0;">METHOD OF PAYMENT (check one)</h3> <p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number </p> <p>Deposit Account Name </p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other </p> <h3 style="text-align: center; margin: 10px 0;">FEE CALCULATION</h3> <div style="border: 1px solid black; padding: 5px;"> <h4 style="margin: 0;">1. BASIC FILING FEE</h4> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>101 690</td> <td>201 345</td> <td>Utility filing fee</td> <td style="border: 1px solid black; text-align: center;">345</td> </tr> <tr> <td>106 310</td> <td>206 155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 480</td> <td>207 240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 690</td> <td>208 345</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;">SUBTOTAL (1) (\$) 345</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <h4 style="margin: 0;">2. EXTRA CLAIM FEES</h4> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>7</td> <td>-20** = 0</td> <td>X 0</td> <td>= 0</td> </tr> <tr> <td>4</td> <td>-3** = 1</td> <td>X 39</td> <td>= 39</td> </tr> </tbody> </table> <p style="font-size: x-small; margin-top: 5px;">**or number previously paid, if greater; For Reissues, see below</p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 78</td> <td>202 39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 260</td> <td>204 130</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109 78</td> <td>209 39</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;">SUBTOTAL (2) (\$) 39</p> </div>	Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			101 690	201 345	Utility filing fee	345	106 310	206 155	Design filing fee		107 480	207 240	Plant filing fee		108 690	208 345	Reissue filing fee		114 150	214 75	Provisional filing fee		Total Claims	Extra Claims	Fee from below	Fee Paid	7	-20** = 0	X 0	= 0	4	-3** = 1	X 39	= 39	Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			103 18	203 9	Claims in excess of 20		102 78	202 39	Independent claims in excess of 3		104 260	204 130	Multiple dependent claim, if not paid		109 78	209 39	** Reissue independent claims over original patent		110 18	210 9	** Reissue claims in excess of 20 and over original patent		<h3 style="text-align: center; margin: 0;">FEE CALCULATION (continued)</h3> <h4 style="margin: 0;">3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Ashley Davis	Registration No. (Attorney/Agent)	Telephone 303-322-2254
Signature	<i>Ashley Davis</i>	Date	11-28-00

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